

Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone 785-368-7015 Fax 785-296-7025



**REPORT OF SUSPECTED ABUSE/NEGLECT, DEATH, SERIOUS INJURY OF STAFF
OR RESIDENT IN A SECURE RESIDENTIAL TREATMENT FACILITY TO KDHE**

*CHILD'S NAME _____ *CHILD'S DATE OF BIRTH _____

*DATE OF INJURY/INCIDENT _____ TIME _____ AM _____ PM

*DESCRIPTION OF INJURY/INCIDENT _____

*ACTION TAKEN AT FACILITY AFTER INJURY/INCIDENT (FIRST AID, SAFETY PLAN) _____

DOCTOR CONSULTED _____ ADDRESS _____

DOCTOR'S DIAGNOSIS _____

STAFF IN CHARGE WHEN INJURY/INCIDENT OCCURRED _____ SHIFT _____

WITNESSES TO INJURY/INCIDENT:	NAME	Resident or Staff	Usual shift (if staff)
_____	_____	R S	_____
_____	_____	R S	_____
_____	_____	R S	_____

DESCRIPTION OF ACTIVITY, LOCATION IN FACILITY AND CIRCUMSTANCES IMMEDIATELY BEFORE AND AT TIME OF INJURY/INCIDENT (indicate any victim names and DOB): _____

WHAT CORRECTIVE MEASURES COULD BE TAKEN TO ELIMINATE SUCH INJURIES OR INCIDENTS IN THE FUTURE? _____

REPORT PREPARED BY _____ DATE _____
Name/Signature Title

*NAME OF FACILITY _____ LIC. NO. _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX NUMBER _____

REPORT TO	✓	DATE	TIME	REPORT TO	✓	DATE	TIME
SRS				Parent			
Police				Placing Agency			
KDHE District Office				County Health Dept.			

IN ACCORDANCE WITH K.A.R. 28-4-341, IF TELEPHONING REPORT TO KDHE, BE PREPARED TO GIVE DATA MARKED WITH AN ASTERISK AND FOLLOW UP WITHIN 5 DAYS WITH THE COMPLETED FORM.

Directions for submission related to K.A.R. 28-4-341(8): Fax completed form within 24 hours (excluding weekends and holidays) to KDHE District Office and your county health department. Notify SRS of any suspected abuse or neglect of a child.